FORM D

UNITED STATES SECURITIES AND EXCHANGE COM

Washington, DC 20

RECD S.E.C.

FORM D

03027547

OMB Approval Vumber: 3235-0076 s: November 30, 2001 ted average burden er response ...16.00

JUL 3 0 2003

NOTICE OF SALE OF SECU PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY Prefix Serial DATE RECEIVED

VAPOTHERM, INC. SE	s an amendment and name has changed, and indicate change.) RIES C PREFERRED	
Filing Under (Check box(es) that app	oly): Rule 504 Rule 505 Z Rule 506 Section 4(6) U	PROCESSED
Type of Filing: ☑ New Filing ☐ A	mendment	
	A. BASIC IDENTIFICATION	V DATA JUL 3 1 ZUUJ
1. Enter the information requested at	out the issuer	
Name of Issuer (☐ check if this is a Vapotherm, Inc.	n amendment and name has changed, and indicate change.)	THOMSON FINANCIAL
Address of Executive Offices (Numb 107 Ridgely Avenue, Suite 9, Anna	Telephone Number (Including Area Code) (410) 974-9255	
Address of Principal Business Opera (if different from Executive Offices)	tions (Number and Street, City, State, Zip Code) N/A Same	Telephone Number (Including Area Code)
Brief Description of Business Man	nufacturer of advanced medical devices to serve people with	chronic lung and acute breathing problems.
Type of Business Organization		
☑ corporation ☐ business trust	 ☐ limited partnership, already formed ☐ limited partnership, to be formed 	☐ other (please specify):
Actual or Estimated Date of Incorpo	ration or Organization:	Month Year 0 9 9 3 ☑ Actual ☐ Estimated
•	•	
Jurisdiction of Incorporation or Orga	nization: (Enter two-letter U.S. Postal Service abbreviation for S	•
	CN for Canada; FN for other foreign jurisdiction)	MD

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number:

SEC 1972 (2-99) 1 of 8



A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - · Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Cirksena, Bill					
Business or Residence Addr	ress (Number and St	reet, City, State, Zip Code)			
813 Coach Way, Annapoli	s, MD 21401				
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partne
Full Name (Last name first,	if individual)				
Niland, Bill					
Business or Residence Adda	ress (Number and St	reet, City, State, Zip Code)			
955 Nelson Place, Arnold,	MD 21012				
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partne
Full Name (Last name first,	if individual)				
Quinn, Brad					
Business or Residence Adda	ress (Number and St	reet, City, State, Zip Code)			
4315 Cold Springs Road, I	Indianapolis, IN 46	5228			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partne
Full Name (Last name first,	if individual)				
Strauch, Barry					
Business or Residence Add	ress (Number and St	reet, City, State, Zip Code)			
1113 Langley Lane, McLe	an, VA 22101				
Check Box(es) that Apply:		☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partne
Full Name (Last name first,	if individual)				
Storey, Robert					
Business or Residence Add	ress (Number and St	treet, City, State, Zip Code)			
624 Magothy View Drive,					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partne
Full Name (Last name first,	if individual)				
Business or Residence Add	ress (Number and St	rreet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partne
Full Name (Last name first,	if individual)				
Business or Residence Add	ress (Number and St	treet, City, State, Zip Code)		, , , , , , , , , , , , , , , , , , ,	

					_		B. II	NFO]	RMA	OIT	N AI	BOUT O	FFERIN	G _			
1. Has	the issu	uer sold	or does	the issu	er intend	l to sell	, to non	-accred	ited inv	estors in	n this of	fering?				Yes	No 🗹
						Ansv	ver also	in App	endix, (Column	2, if fili	ng under UL	OE.				
2. Wh	at is the	minim	um inve	stment tl	hat will	be acce	pted fro	m any i	ndividu	ial?						\$250,00	00
3. Doe	s the of	ffering p	permit j	oint own	ership o	f a sing	le unit?									Yes	No 🗹
pı ar	irchase id/or wi	rs in co: ith a sta	nnection te or sta	n with sa	les of se	ecuritie of the	s in the broker	offerin	g. If a p	person t	to be lis	ted is an asso	ociated persoi	n oragent of a	a broker or de	ealer registered	solicitation of with the SEC er, you may set
Full N	ame (L	ast nam	e first,	f individ	lual)												
None	es or R	esidenc	e Addre	ess (Num	her and	Street	City St	ate Zin	Code			***					
Dusin		corderic	c riddi	235 (11411)	ioci and	Direct,	City, Di	ato, zip	, code,								
Name	of Asso	ociated	Broker	or Dealer	ī												
States	in Whi	ch Pers	on Liste	d Has So	olicited o	or Inten	ds to Sc	licit Pu	rchaser	s				· · · · · · · · · · · · · · · · · · ·			
(Chec		States" of [AZ]	or check [AR]	individu [CA]		,	[DE]					[ID]		🗆 All State	s		
[IL]		[IA]	[KS]	[KY]	[LA]		[MD]				[MS]						
[MT]	[NE]	[NV]	[NH]	[NJ]		[NY]		[ND]		[OK]	[OR]	[PA]					
[RI]	[SC]		[TN]			-		•			[WY]						
						_										Marana da m	
Full N	lame (L	ast nam	ie first,	if individ	lual)												
Busin	ess or R	Residenc	æ Addr	ess (Num	nber and	Street,	City, St	tate, Zip	Code)								
Name	of Ass	ociated	Broker	or Deale	r										····		
				d Has S													
(Chec	k "All S [AK]		or check	individi [CA]		·	[DE]					[ID]	••••••	🗆 All State	S		
[IL]	[IN]	[IA]		[KY]			[MD]			_	[MS]						
	[NE]		[NH]	[NJ]						[OK]	[OR]	[PA]					
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]					
E. II N	In a mail	net nom	o first	if individ	tuol)					· · · · · · · · · · · · · · · · · · ·							
ruii iv	ame (L	asi nan	ie iirsi,	II IRGIVIC	iuaij												
Busin	ess or F	Residenc	ce Addr	ess (Nun	nber and	Street,	City, S	tate, Zip	Code)				****				
Name	of Ass	ociated	Broker	or Deale	r									·			
				ed Has Se										·			
				c individ			[DE]					[ID]		🗆 All State	s		
[IL]		[IA]	[KS]	[KY]			[MD]				[MS]						
[MT]		[NV]	[NH]	[NJ]		•	[NC]			[OK]		[PA]					
[RI]	[SC]	[SD]	[TN]			•					[WY]	• •					
زدما	رددا	رحد	[***]	[* * *]	زدن	(, 1)	[,,,]	[,,,,,		ر ۱۰۰۰	[v]	(* **)					

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box ☐ and indicate in the column below the amounts of the securities of-		
fered for exchange and already exchanged. Type of Security	Aggregate	Amount Already
-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Offering Price	Sold
Debt	\$ N/A	\$ N/A
Equity		\$5,250,000
□ Common ☑ Preferred		
Convertible Securities (including warrants)		\$ <u>N/A</u>
Partnership Interests		\$ <u>N/A</u>
Other (Specify)		\$ <u>N/A</u>
Total	\$ <u>5,250,000</u>	\$ <u>5,250,000</u>
Answer also in Appendix, Column 3, if filing under ULOE		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	33	\$5,250,000
Non-accredited Investors	0	\$ <u>5,250,000</u>
Total (for filings under Rule 504 only)	3	\$ <u>5,250,000</u>
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering	Type of	Dollar Amount
	Security	Sold
Rule 505	\$ <u>N/A</u>	\$ <u>N/A</u>
Regulation A	\$ <u>N/A</u>	\$ <u>N/A</u>
Rule 504	\$ <u>N/A</u>	\$ <u>N/A</u>
Total	\$ <u>N/A</u>	\$ <u>N/A</u>
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$
Printing and Engraving Costs		\$0
Legal Fees.	_	\$ 100,000
Accounting Fees		\$ 0
Engineering Fees		\$ 0
	_	
Sales Commissions (Specify finder's fees separately)		\$ 0
Other Expenses (identify)	_	\$0
Total		\$100,000

C. OFFERING PRICE, NUMBER OF INVESTORS, F	EXPENSES AND US	SE OF PROCEEDS	
b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	\$ 5,150,0	000	
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4 heaters.			
tion 4.b. above.	Payments to		
	Officers, Directors, & Affiliates	Payments To Others	
Salaries and fees	□ \$ <u>N/A</u>	□ \$ <u>N/A</u>	
Purchase of real estate	□ \$ <u>N/A</u>	□ \$ <u>N/A</u>	
Purchase, rental or leasing and installation of machinery and equipment	□ \$ <u>N/A</u>	□ \$ <u>N/A</u>	
Construction or leasing of plant buildings and facilities	□ \$ <u>N/A</u>	□ \$ <u>N/A</u>	
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer	_	_	
pursuant to a merger	□ \$ <u>N/A</u>	□ \$ <u>N/A</u>	
Repayment of indebtedness	□ \$ <u>N/A</u> .	□ \$ <u>N/A</u>	
Working capital	□ \$ <u>N/A</u>	\$ <u>5,150,000</u>	
Other (specify)	□ \$ <u>N/A</u>	□ \$ <u>N/A</u>	
	п.		
	□ \$	□ \$	
Column Totals	□ \$ <u>N/A</u>	\$5,150,000	
Total Payments Listed (column totals added)	LJ \$ <u>5</u> .	,150,000	
D. FEDERAL SIGNA	TURE		
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon w non-accredited investor pursuant to paragraph (b) (2) of Rule 502.	f this notice is filed under Rule written request of its staff, the i	505, the following signature consinformation furnished by the issu	titutes ar er to any
Issuer (Print or Type) Vapotherm, Inc. Signature	Date 7/2	25/03	
Name of Signer (Print or Type) Robert Storey Title of Signer (Print or Type) President	7		
<u> </u>			· · · · · · · · · · · · · · · · · · ·
ATTENTION			
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 I	U.S.C. 1001.)		

	E. STATE SI	GNATURE			
Is any party described in 17 CFR 230.252 (c), (d), (provisions of such rule?		-		Yes □	No Z
See App	ndix, Column 5, for state respons	e.			
2. The undersigned issuer hereby undertakes to furnish required by state law.	to any state administrator of any	state in which this notice	is filed, a notice on Form D	(17 CFR 239.5	00) at such times as
3. The undersigned issuer hereby undertakes to furnish	to the state administrators, upon	written request, informat	on furnished by the issuer to	offerees.	
 The undersigned issuer represents that the issuer is state in which this notice is filed and understands satisfied. 					
The issuer has read this notification and knows the co	itents to be true and has duly caus	ed this notice to be signed	on its behalf by the undersi	gned duly auth	orized person.
Issuer (Print or Type) Vapotherm, Inc.	Signature	they Date	7/25/03	3	
Name of Signer (Print or Type) Robert Storey	Title of Signer (Print or Type) President	4	1 /		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2	<u> </u>	3			4		5		
	Intend to non-acc invest Sta (Part B-	redited ors in ite	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2) Number of Number of					
			Series C	Number of Accredited		Number of Nonaccredited				
State	Yes	No	Preferred	Investors	Amount	Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA										
СО										
CT										
DE										
DC										
FL										
GA										
HI										
ID	•••									
IL										
IN								, , , , , , , , , , , , , , , , , , , ,		
IA										
KS										
KY										
LA										
ME										
MD		X	Series C Preferred	3	5,250,000	0	0		X	
MA										
MI										
MN										
MS										
МО	·									

APPENDIX

1		2	3		5				
	t non-acc invest St	to sell o credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				fication State (if yes, ach attion of granted) Litem 1)
			Series C	Number of Accredited		Number of Nonaccredited			
State	Yes	No	Preferred	Investors	Amount	Investors	Amount	Yes	No
NE		·							
NV									
NH									
NJ		-							
NM									
NY			-				·		
NC					-,,,		-		
ND									
OH									
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT		<u> </u>							
VA WA									
WV				-					
WI									
WY									
FN	-								
1.11									